

9742

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 284
Registrar's No. 339

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 2234 N 11th St
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 19 years; In Arizona 19 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 2234 N 11th St (e) Citizen of foreign country (Yes or No) NO
(f) If Yes, which country? NO (g) Social Security No. NO
3. (a) FULL NAME Walter H. Robinson (b) If Veteran name war no

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (a) Single, married, widowed or divorced married
6. (c) Age of husband or wife, if alive 43 yrs.
7. Birthdate of deceased July 29, 1902
(Month) (Day) (Year)
8. AGE: Years 43 Months 6 Days 19 hrs. min.
9. Birthplace Topeka, Kansas
(City, town or county) (State or Country)
10. Usual Occupation Owner, Service station & store
11. Industry or Business
12. Name Arlo Robinson
13. Birthplace Kansas
(City, town or county) (State or Country)
14. Maiden Name unk.
15. Birthplace Kansas
(City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Valerie Robinson
(b) Address 2234 N 11th St, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date Feb 20 19 46
18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 18, 19 46
TIME (Hour and minute) 11:00 A. M.

21. I hereby certify that I attended the deceased from Feb. 18, 19 46 to Feb. 18, 19 46
that I last saw him dead an arrival, 19 46
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion

Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy None done

DURATION

Few minutes

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (Specify type of place) _____

23. Signature Stanley Clegg M. D. Date signed 2/19/46
Address Phoenix, Ariz.

19. (a) FEB 20 1946 (Date received Local Registrar)
(b) Stanley Clegg (Registrar's Signature)